

CLAIMS ONLY		Application Number <div style="font-size: 1.5em; font-family: cursive;">10/671641</div>	Filing Date 
		Applicant(s) 	

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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Total Indep						
Total Depend						
Total Claims						

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Application Number

10/67/64

Filing Date

**Applicant(s)**

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